

2010 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATEPolitical Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Judicial ElectionName of Committee Jon Frank Liebberg for Circuit JudgeAddress 208 N. SPRING ST. Tupelo, MS 38804

Telephone _____ Fax _____

Treasurer _____ Email _____

☐ Check here if above is different from previous report

TYPE OF REPORT

- ____ May 10, 2010 Periodic Report (January 1, 2010, through April 30, 2010).....Mandatory
- ____ June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010).....Mandatory
- ____ July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010).....Mandatory
- ____ October 10, 2009 Periodic Report (July 1, 2010, through September 30, 2010).....Mandatory
- ____ October 26, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010).....Mandatory
- ____ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
- ____ January 10, 2011 Periodic Report (October 1, 2010, through December 31, 2010).....Mandatory
- ____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-607 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-Itemized =	This Period	Calendar Year-To-Date
Total amount of contributions \$	+\$	\$	\$
Total amount of disbursements \$	+\$	\$	\$
Total amount of cash on hand		\$ 53,000	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Jon P. Parker
Signature of Director or Treasurer5-18-2010
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39209 or fax to 601-253-1499 or 601-578-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

SOS 01-10

Name of Candidate or Committee Jain Frank for Circuit Court Judge
 Reporting period Jan 1, 2010 through April 30, 2010

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Tampa Bay Journal</u>	<u>4/09/10</u>	\$ <u>767.65</u>
Mailing Address		
<u>1242 S. Green St.</u>	<u>4/16/10</u>	\$ <u>767.65</u>
City, State, Zip Code		
<u>Tampa, Ms. 38804</u>	Aggregate Year-to-date	\$ <u>1535.10</u>
Purpose of Disbursement (Optional)		
<u>Advertising</u>		
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u> / / </u>	\$
Mailing Address		
	<u> / / </u>	\$
City, State, Zip Code		
	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u> / / </u>	\$
Mailing Address		
	<u> / / </u>	\$
City, State, Zip Code		
	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u> / / </u>	\$
Mailing Address		
	<u> / / </u>	\$
City, State, Zip Code		
	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u> / / </u>	\$
Mailing Address		
	<u> / / </u>	\$
City, State, Zip Code		
	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u> / / </u>	\$
Mailing Address		
	<u> / / </u>	\$
City, State, Zip Code		
	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

Page 2 of 2

Name of Candidate or Committee

Frank Liebling

Reporting period

through

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Lucille Liebling</u>		<u>4/7/10</u>	\$ <u>53,000</u>
Mailing Address <u>1208 Sugar</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>Tupelo, Ms.</u>		<u>1/1/</u>	\$
Name of Employer (Required) <u>Retired</u>		<u>1/1/</u>	\$
Occupation (Required) <u>School teacher</u>		Aggregate year-to-date	\$ <u>53,000</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Frank Liebling</u>		<u>4/9/10</u>	\$ <u>1535.10</u>
Mailing Address <u>208 N. Spring</u>		<u>1/1/</u>	\$
City, State, Zip Code <u>Tupelo, MS 38804</u>		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>1/1/</u>	\$
Mailing Address		<u>1/1/</u>	\$
City, State, Zip Code		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>1/1/</u>	\$
Mailing Address		<u>1/1/</u>	\$
City, State, Zip Code		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1,535.10</u>